

**\*NOTE: Each rental unit must complete a form.  
Please print duplicates**

All TENANTS 18 years of age  
and OLDER must attach a copy of  
their 2012 Federal Income Taxes.

**HOUSING REHABILITATION PROGRAM  
CITY OF SHEBOYGAN  
DEPARTMENT OF CITY DEVELOPMENT  
828 CENTER AVENUE, Suite 104  
SHEBOYGAN, WI 53081**

[Development@ci.sheboygan.wi.us](mailto:Development@ci.sheboygan.wi.us)

(920) 459-3377

FAX: (920) 459-7302

**APPLICATION FOR TENANT**

**TENANT'S NAME:** \_\_\_\_\_

**SOCIAL SECURITY NO.:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**SPOUSE'S NAME (if married) OR OTHER's:** \_\_\_\_\_

**SPOUSE'S/OTHER'S SOCIAL SECURITY NO.:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**ADDRESS OF PROPERTY:** \_\_\_\_\_

**NUMBER OF YEARS AT THIS PROPERTY:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **BUSINESS PHONE:** \_\_\_\_\_

**HUSBAND/HEAD OF HOUSEHOLD CELL PHONE:** \_\_\_\_\_

**SPOUSE / OTHER'S CELL PHONE:** \_\_\_\_\_

**CURRENT E-MAIL ADDRESS:** \_\_\_\_\_